

TO: ALL APPLICANTS INTERESTED IN EMPLOYMENT
WITH THE ARCHDALE POLICE DEPARTMENT

FROM: RECRUITING AND BACKGROUND INVESTIGATIONS
ARCHDALE POLICE DEPARTMENT

SUBJECT: ADDITIONAL ITEMS THAT YOU MUST PROVIDE
MUST PROVIDE WITH THIS APPLICATION

1. COPY OF YOUR BIRTH CERTIFICATE
2. COPY OF YOUR HIGH SCHOOL DIPLOMA/TRANSCRIPTS
3. COPY OF YOUR NORTH CAROLINA DRIVER'S LICENSE
4. CERTIFIED TRUE COPIES OF CRIMINAL OFFENSES
5. COPY OF YOUR SOCIAL SECURITY CARD
6. MILITARY DISCHARGE PAPERS (IF APPLICABLE)

NOTE: ALL INFORMATION IN THIS APPLICATION PROCESS MUST BE PROVIDED THAT APPLIES TO YOU. ALL BLANKS MUST BE FILLED OUT COMPLETELY AND WITH NO LAPSE IN TIME NOTED. FAILURE TO PROVIDE THE REQUIRED INFORMATION WILL DISQUALIFY YOU FROM EMPLOYMENT. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.

**Authorization for Release of Personal Information
To Law Enforcement Agencies for
Certification/Employment Purposes**

To Whom It May Concern:

I am an applicant for a position with the _____ (Police Department)(Sheriff's Office). In order to determine my suitability for employment, I understand that the _____ (Police Department)(Sheriff's Office), (City) (County) of _____, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB, _____, Operators License # _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the _____ (Police Department) (Sheriff's Office), (City), (County) of _____ North Carolina regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the _____ (Police Department)(Sheriff's Office), (City), (County) of _____ from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the (City), (County) of _____. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the _____ (Police Department)(Sheriff's Office), its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicant Signature

Printed Name

Address _____

Phone Number _____

STATE OF NORTH CAROLINA
COUNTY OF _____

Subscribed and sworn to before me,
this is the ____ day of _____, 20____.

Notary Public & Seal

My Commission Expires: _____

Human Resources
Employment



Thank you for your expression of interest in a career opening with the City of Archdale.

Applications submitted for position vacancies are carefully screened by Human Resources and the names of those best qualified are forwarded to the hiring department. There interviews are conducted and job offers are made. All such offers are contingent upon a satisfactory drug testing exam, background inquiry and driver's license check.

If the application form does not provide sufficient space for the full inclusion of education, training or work history which relates strictly to the position applied for, you may enclose supplementary pages containing this information. A resume may be attached to the completed application form, but not in lieu of the official application form. These additions, unless found to be in noncompliance with EEO guidelines, will be treated as an extension of the application form as will job-related cover letters and documentation.

Do not fax your return on this form. Only an original employment application form, signed and dated, is accepted for processing. Return the original form, with all supplemental information, by hand or by mail to the address below:

City of Archdale
Human Resources, Employment
P.O. Box 14068
Archdale, NC 27263



CITY OF ARCHDALE

307 BALFOUR DRIVE
P.O. BOX 14068
ARCHDALE, NORTH CAROLINA 27263

PHONE: (336) 431-9141

FAX: (336) 431-2130

EMPLOYMENT APPLICATION CITY OF ARCHDALE, NORTH CAROLINA

WE CONSIDER APPLICANTS FOR VACANT POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS. IT IS THE RESPONSIBILITY OF EACH APPLICANT TO NOTIFY US IF ANY REASONABLE ACCOMMODATIONS ARE NECESSARY TO ALLOW COMPLETION OF THE APPLICATION PROCESS.

(PLEASE PRINT)

Position Applied For				Date of Application	
Last Name		First Name		Middle Name	
Address		Street	City	State	Zip Code
Telephone Numbers:		Home		Work	
Drivers License #		State			

(Please Circle One)

Are you at least 18 years of age?

(If no, you must provide required proof of your eligibility to work.)

Yes No

Have you ever filed an application with us before? If yes, give date _____

Yes No

Have you ever been employed with us before? If yes, give date _____

Yes No

Are you currently employed?

Yes No

May we contact your present employer about your qualifications and work history?

Yes No

May we contact your previous employer about your qualifications and work history?

Yes No

Are you a male between the ages of 18 and 26?

Yes No

If yes, have you registered for military service? (Proof is required.)

Are you a citizen of the United States or are you legally authorized to work in the United States? Yes No
(Proof of citizenship or immigration status will be required prior to employment.)

Do you have any relative(s) employed by this municipality? Yes No
If yes, please provide relative's name and department and indicate your relationship to that person:

Have you been convicted on an offense other than a minor traffic violation? Yes No
If yes, please explain:

(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

Have you ever used a name other than the one shown on this application? Yes No
If yes, please indicate name(s):

When would you be available to start work? _____

EDUCATION

SCHOOL	NAME AND LOCATION	DATES ATTENDED	GRADUATE? YES or NO	MAJOR & DEGREE If Applicable
High School				
College or University				
Graduate or Professional				
Business, Trade or Military				

List any apprenticeships or vocational training.

List any professional registrations, licenses, or certifications.

List any other training, classes, or workshops you have attended that are related to the position applied for.

State any additional information you feel may be helpful to us in considering your application.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you ever had any job related training in the United States military? Yes No

If yes, please describe.

REFERENCES

Give name, address and telephone number of three (3) references who are not related to you and are not former employers.

EMPLOYMENT EXPERIENCE

Start with your present or last position. Include any military service assignments and self-employment. Also, account for any gaps in employment. You may attach additional sheets as necessary. Resumes are accepted.

Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Telephone Numbers			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Telephone Numbers			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Telephone Numbers			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Telephone Numbers			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Telephone Numbers			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and release of pertinent information to the City of Archdale as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information, given in my application or interview(s), may result in discharge. I understand, also that I am required to abide by all rules and regulations of the City of Archdale. I also understand that employment with the City of Archdale is contingent upon the successful completion of a background check, a drug test and a driver's record check. Successful completion of the drug test means a negative test was produced.

Sign: _____

Date: _____

FOR HUMAN RESOURCES USE ONLY

Arrange interview?

Yes No

Remarks:

Employed?

Yes No

Date of Employment _____

Salary _____

Job Title _____

Department _____

Authorized By:

Name and Title

Date

Sheriffs' Education and Training Standards Commission

North Carolina Department of Justice

Sheriffs' Standards Division

Telephone: (919) 779-8213

Fax : (919) 662-4515

Personal History Statement

Note: This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for the position of a justice officer. It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for justice officer certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serves no other purpose.

*The Social Security Number is used to make a positive identification of the applicant and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

FORM F-3
NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. All questions must be answered.

NOTE: Any statements are subject to validation and any incorrect statements or omissions may disqualify you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration. This form must be notarized upon completion.

POSITION(S) APPLIED FOR :

Agency _____ Date _____

Deputy ☐ Detention Officer ☐ Telecommunicator ☐

Have you previously submitted an application for employment with this agency? ☐ Yes ☐ No

If YES, approximate date: _____

PERSONAL

1. Name: _____
First Middle Last

Maiden Name _____

Other previous last names: _____

Nicknames or Aliases _____

Note: If your name was legally changed after the age of 12, please submit documentation showing when that occurred.

2. Social Security _____

3. Present Mailing Address:

Street and Number _____

City _____

State _____ Zip Code _____

Telephone Numbers:

Home: _____

Pager: _____

Cell/Mobile _____

Permanent Mailing Address

Street and Number _____

City _____

State _____ Zip Code _____

Work: _____

E-Mail: _____

4a. Date of Birth: _____

4b. Place of Birth: _____
(City/State/Country)

5. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other, specify: _____

Note: Data solicited in questions 6 and 7 will be utilized for equal employment statistical information purposes only

6. Ethnicity: ☐ African American ☐ Asian American ☐ Hispanic ☐ Caucasian ☐ Other: _____

7. Gender: ☐ Male ☐ Female _____

8. Do you object to wearing a uniform?

☐ Yes ☐ No

9. Do you object to working nights?

☐ Yes ☐ No

10. Do you object to working rotating shifts?

☐ Yes ☐ No

11. Do you object to occasionally being away from home overnight and/or for other periods of time to attend meetings, acquire training or otherwise perform official duties? ☐ Yes ☐ No

EDUCATIONAL

12. Indicate the type of High School you attended:

Traditional ☐

Home School ☐

GED ☐

Distance Learning ☐

Did not attend high school ☐

Other: _____

A. High Schools:

NAME: _____

CITY: _____

STATE: _____

YEARS COMPLETED: _____

WHEN ATTENDED: _____

GRADUATED: _____

DEGREE AWARDED: _____

MAJOR FIELD: _____

NAME: _____

CITY: _____

STATE: _____

YEARS COMPLETED: _____

WHEN ATTENDED: _____

GRADUATED: _____

DEGREE AWARDED: _____

MAJOR FIELD: _____

B. University or Colleges:

NAME: _____

CITY: _____

STATE: _____

YEARS COMPLETED: _____

WHEN ATTENDED: _____

GRADUATED: _____

DEGREE AWARDED: _____

MAJOR FIELD: _____

NAME: _____

CITY: _____

STATE: _____

YEARS COMPLETED: _____

WHEN ATTENDED: _____

GRADUATED: _____

DEGREE AWARDED: _____

MAJOR FIELD: _____

C. Continuing Education:

NAME: _____
CITY: _____
STATE: _____
YEARS COMPLETED: _____

WHEN ATTENDED: _____
GRADUATED: _____
DEGREE AWARDED: _____
MAJOR FIELD: _____

NAME: _____
CITY: _____
STATE: _____
YEARS COMPLETED: _____

WHEN ATTENDED: _____
GRADUATED: _____
DEGREE AWARDED: _____
MAJOR FIELD: _____

RESIDENCES

13. List addresses for the past 10 years starting with present address listed first:

From: (MM/YY)	To: (MM/YY)	Address, City, State	County	Landlord

FAMILY HISTORY

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a justice officer

14. Marital Status:

Never Married ☐ Married ☐ Divorced ☐ Engaged ☐ Separated ☐ Widowed ☐

15. Name of Spouse / Former Spouse(s) _____

16. A. Do you have any children born to you, adopted by you, or stepchildren? ☐ Yes ☐ No

B. If Yes, list all of your children below:

	Name	Birthdate	Relationship	With whom resides	Phone Number
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

C. Are you now supporting all these children? ☐ Yes ☐ No If NO, give details:

17. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? ☐ Yes ☐ No If YES, give details:

18. Are you related by blood or marriage to any person (s) now employed by this agency? ☐ Yes ☐ No If YES, give name(s) and details:

19. Is any member of your immediate family now in prison/jail or on probation or parole? ☐ Yes ☐ No If YES, give name(s) and details:

FINANCIAL

20. What sources of income other than salary do you have at present?

21. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossessions, evictions, executions, etc. ☐ Yes ☐ No If YES, explain:

22. Have you ever declared bankruptcy? ☐ Yes ☐ No IF YES, explain:

23. What is the total amount of all your debts at present? _____

24. What is the average monthly total of all your bills, payments, and current living expenses? _____

25. List credit references, including businesses to which you make monthly payments:

Firm / Business	Street Address	City / State	Amount Owing

WORK HISTORY

26. Have you ever been denied employment by a criminal justice agency after a conditional offer of employment was made? ☐ Yes ☐ No (If Yes, list agency name and reason.)

27. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board or Agency established to certify or license that position? (Note: List any such Commission, Board or Agency, whether in or out of North Carolina.) ☐ Yes ☐ No

- 27a. If yes, was such certification or license ever suspended, revoked, or any sanctions taken against it by the issuing authority? ☐ Yes ☐ No

- 27b. If such certification or license was ever suspended, revoked, and any sanctions taken against it by the issuing authority, please list the agency's name taking action against the certification or license, date of action, reason for the action, and period of time for the suspension, revocation, or sanction.

28. Have you ever been discharged or requested to resign from any position because of criminal misconduct or rules violations? ☐ Yes ☐ No (If Yes, list employer, time-frame and reason.)

29. List all jobs, positions or appointments you have held in the last ten years to include inactive, active, reserve, temporary, part-time, paid or not paid employment and internships. **Put your present or most recent job first. List a Reason for Leaving for each job.** Include military service in proper time sequence and temporary part-time jobs. If you do not have a full ten year job history, be sure to provide an explanation.

Employer:	Address:	
Job Title:	Supervisor's Name:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	List Major Duties in Order of Importance:	
Full Time: YRS MOS		
Part Time: YRS MOS		
If Part-time, hours worked per week:		
Reason for Leaving:		

Employer:	Address:	
Job Title:	Supervisor's Name:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	List Major Duties in Order of Importance:	
Full Time: YRS MOS		
Part Time: YRS MOS		
If Part-time, hours worked per week:		
Reason for Leaving:		

Employer:	Address:	
Job Title:	Supervisor's Name:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	List Major Duties in Order of Importance:	
Full Time: YRS MOS		
Part Time: YRS MOS		
If Part-time, hours worked per week:		
Reason for Leaving:		

Employer:	Address:	
Job Title:	Supervisor's Name:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	List Major Duties in Order of Importance:	
Full Time: YRS MOS		
Part Time: YRS MOS		
If Part-time, hours worked per week:		
Reason for Leaving:		

MILITARY SERVICE

30. Were you **ever** in the U.S. Military service or any other military organization? (Even if you served for only one day, list this service.) ☐ Yes ☐ No **If YES, complete #31 through #38. If NO, skip to #39.**

31. What was your service number? _____

32. A. What was the highest rank you held? _____

B. What was the last rank you held? _____

33. A. What was the date and location of your first enlistment and/or commission? _____

B. List all tours of duty where a DD214 was issued.

Branch	Date Entered	Date Released

34. List all stations of assignment including active, reserve and/or National Guard (**Attach additional pages if needed.**)

Branch	Unit (Company or Ship)	Location	From (MM/YY)	TO (MM/YY)

35. What was the date and location of your last discharge from active duty? _____

36. Have you ever received any of the following types of discharge:

Uncharacterized (includes entry level separations)

☐ Yes ☐ No

Honorable

☐ Yes ☐ No

General (under honorable conditions)

☐ Yes ☐ No

Under other than honorable conditions (includes undesirable)

☐ Yes ☐ No

Bad Conduct discharge

☐ Yes ☐ No

Dishonorable discharge

☐ Yes ☐ No

Dismissal

☐ Yes ☐ No

37. Were you **ever** court martialled, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captains mast, company punishment, article 15, written reprimand, and/or any other disciplinary action while a member of the military, National Guard or reserve unit? ☐ Yes ☐ No

If YES, explain what occurred and what type of punishment you received:

38. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation, and provide your expected date of separation:

USE OF ALCOHOL

NOTE: In question #39 the word "drink" means one time or more, including experimentation.

39. Do you drink alcoholic beverages? ☐ Yes ☐ No

PRIOR CRIMINAL CONDUCT

NOTE: Answer all of the following questions completely and accurately. Any falsification or misstatement of facts may be sufficient to disqualify you from certification. The word "used" in the following questions includes even one time use or experimentation. Applicants for the position of Justice Officer must disclose all prior criminal conduct.

40. Have you ever used any illegal drugs including but not limited to marijuana, synthetic or designer drugs, steroids, opiates, pills, heroin, cocaine, crack, LSD, etc., to include even one time use or experimentation? ☐ Yes ☐ No
(If YES, specify the circumstances, drugs used, and when the usage last occurred.)

41. Have you ever used prescription drugs other than under the supervision or as prescribed by a physician to include even one time use or experimentation? ☐ Yes ☐ No (If YES, specify what drug(s), how and from whom you received the drug(s), and when the usage last occurred)

42. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription. ☐ Yes ☐ No (If YES, please identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery or sale.)

43. Have you ever had a Domestic Violence Protective Order or Civil No Contact Order issued against you? (Include both ex-parte domestic violence protective orders and those entered subsequent a hearing.) ☐ Yes ☐ No
(If YES, complete the following and provide documentation of the initial allegations and the judge's findings at the hearing where both parties were present.)

Date of Issuance _____ County of Issuance: _____

Name of Plaintiff: _____

Date of Expiration: _____

NOTE: In response to the following question, include all offenses other than minor traffic offenses. The following are NOT minor traffic offenses and must be listed below: DWI, DUI (alcohol and drugs), Failure to Stop in the Event of an Accident (hit and run) and Driving While License Permanently Revoked or Permanently Suspended (DWLR). Attached to this form is an additional list of North Carolina traffic offenses which should also be listed. Juvenile charges or arrests should also be listed.

If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "YES." You must include any and all convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5.

44. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?
(As used in this question, the term "charged" includes being issued a citation or criminal summons.)

☐ Yes ☐ No (If YES, complete the following and provide documentation of each offense listed.)

A. <u>OFFENSE CHARGED:</u>	_____
<u>LAW ENFORCEMENT AGENCY:</u>	_____
<u>DATE:</u>	_____
<u>DISPOSITION:</u>	_____
B. <u>OFFENSE CHARGED:</u>	_____
<u>LAW ENFORCEMENT AGENCY:</u>	_____
<u>DATE:</u>	_____
<u>DISPOSITION:</u>	_____
C. <u>OFFENSE CHARGED:</u>	_____
<u>LAW ENFORCEMENT AGENCY:</u>	_____
<u>DATE:</u>	_____
<u>DISPOSITION:</u>	_____
D. <u>OFFENSE CHARGED:</u>	_____
<u>LAW ENFORCEMENT AGENCY:</u>	_____
<u>DATE:</u>	_____
<u>DISPOSITION:</u>	_____
E. <u>OFFENSE CHARGED:</u>	_____
<u>LAW ENFORCEMENT AGENCY:</u>	_____
<u>DATE:</u>	_____
<u>DISPOSITION:</u>	_____
F. <u>OFFENSE CHARGED:</u>	_____
<u>LAW ENFORCEMENT AGENCY:</u>	_____
<u>DATE:</u>	_____
<u>DISPOSITION:</u>	_____

(ADD EXTRA SHEETS, IF NECESSARY.)

45. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

- (A) currently under indictment for information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (B) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside or the person has had their civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
- (C) are a fugitive from justice.
- (D) are an unlawful user of, or addicted to marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (E) have ever been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (F) have been discharged from the armed forces under dishonorable conditions.
- (G) are illegally in the United States.
- (H) have renounced your citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year," as discussed in (A) and (B) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

If any of the above (A through H) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 15 of this document indicates you have read this section and understand each of the disqualifiers.

46. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon? ☐ Yes ☐ No (If YES, explain)

If so, did you commit the act(s) against a current or former spouse, parent, or guardian, or against a person with whom you share a child in common, or against a person with whom you were or are cohabiting with, or a person similarly situated to a spouse, parent, or guardian or the victim (Domestic Violence Offense)? ☐ Yes ☐ No

OFFENSE CHARGED:

LAW ENFORCEMENT AGENCY:

DATE:

DISPOSITION:

47. Have you ever been charged with or convicted of a felony? **You must include any and all felony convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5**
☐ Yes ☐ No If YES, give details:

48. Have you ever been placed on court-ordered probation? ☐ Yes ☐ No If YES, give details:

49. Have you ever paid a court-imposed fine?
☐ Yes ☐ No If YES, give details:

50. Do you or have you ever possess(ed) a driver's license from the State of North Carolina? ☐ Yes ☐ No
License Number _____ Year Issued _____
51. Do you or have you ever possess(ed) a driver's license issued in any state other than North Carolina?
☐ Yes ☐ No If YES, give the State and number:
State _____ License Number _____
52. A. Was your license ever suspended or revoked? ☐ Yes ☐ No If YES, give details:

- B. IF Yes, was your license ever restored? ☐ Yes ☐ No If YES, state when and give details:

53. Have your driving privileges ever been restricted? ☐ Yes ☐ No If YES, give details:

CAREER OBJECTIVES

54. Briefly explain your reasons for applying for this position:

55. List special skills, training, field of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

56. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?
(Not applicable for telecommunicators)

REFERENCES

57. Give the names of five responsible persons, **other than relatives or past employers**, who could provide information about your character, ability, experience, personality, and other qualities.

	Name	Address	City	State	Telephone
1)					
2)					
3)					
4)					
5)					

STATE OF NORTH CAROLINA

COUNTY OF _____

I hereby certify that **each and every statement made on this form is true and complete** and understand that any misstatements or omission of information may subject me to disqualification or dismissal. I also acknowledge that **I have a continuing duty to update all information contained in this document.** I will report to the employing agency and forward to the Sheriffs' Education and Training Standards Commission any additional information which occurs after the signing of this document.

THIS THE _____ DAY OF _____, 20 ____

(SIGNATURE IN FULL)

SUBSCRIBED AND SWORN TO BEFORE ME.

THIS THE _____ DAY OF _____, 20 ____

(SIGNATURE IN FULL)

Notary Public (Official Seal)

MY COMMISSION EXPIRES: _____, 20 ____

EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR

20-28	Driving while license permanently revoked (20-28(b))[(h) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3rd offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(c)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(c))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(e))	10/1/94-Present	1
20-136.2	Air bag installation	01/01/06-Present	1
20-137.2	Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))	10/1/94-Present	1
20-138.1	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	M
20-138.2	Impaired driving in commercial vehicle (20-138.2(e))	10/1/94-Present	M
20-141(j)	At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]	10/1/94-12/1/97	1
20-141.3(a) & (c)	Unlawful racing on streets and highways	11/12/96-Present	1
20-141.5(a)	Speeding to elude arrest	11/17/99-Present	1
20-157(h)	Duty to Move Over	01/01/06-Present	1
20-166(b)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c1)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-183.8(b1)	Inspection violation by Inspector	3/1/11-Present	3
20-279.31(b)(1)	Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)	01/01/06-Present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	01/01/06-Present	1
20-279.31(b)(3)	Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority)	01/01/06-Present	1
20-313.1	Making false certification or giving false information	01/01/06-Present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-Present	1

*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 44.

Criminal Justice Education and Training Standards Commission

Criminal Justice Standards Division
Application For Law Enforcement Employment

I: Personal Data

Position Applied For: _____

Name: _____ Date: _____
(Full Name)

Address: _____ SS# _____

City / Town _____ County _____ State _____ Zip _____

Telephone _____ DL # _____
(Area Code) (State)

Date of Birth: _____ Citizenship: _____

Education: H.S. Graduate _____ GED _____ College _____
(Specify Degree / Hrs)

II. ANSWER EACH QUESTION

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A SERIOUS MISDEMEANOR?

YES ☐ NO ☐

2. HAVE YOU SUCCESSFULLY COMPLETED A COMMISSION ACCREDITED BASIC LAW ENFORCEMENT TRAINING COURSE?

YES ☐ NO ☐

(If yes, specify _____ Date _____ Accredited School _____)

3. HAVE YOU EVER BEEN, OR ARE YOU NOW, CERTIFIED BY THE NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION (OR A SIMILAR AGENCY IN ANOTHER STATE)?

YES ☐ NO ☐

(If another state, specify _____)

III. SPECIAL OR LOCAL REQUIREMENTS

FOR AGENCY USE ONLY

IV. CHECKLIST OF REQUIRED DOCUMENTS

____ RESULT OF FINGERPRINT RECORD CHECK
____ PERSONAL HISTORY STATEMENT (F-3)
____ PROOF OF EDUCATIONAL ATTAINMENT
____ MANDATED BACKGROUND INVESTIGATION FORM (F-8)
____ PROOF OF BASIC TRAINING COMPLETION
____ MEDICAL HISTORY STATEMENT (F-1)
____ MEDICAL EXAMINATION REPORT (F-2)
____ REPORT OF APPRAISAL INTERVIEW (F-4)
____ REPORT OF APPOINTMENT (F-5A LE) (AGENCY COPY)
____ DOCUMENTATION OF DRUG SCREENING RESULTS
____ PSYCHOLOGICAL EXAM RESULTS
____ FIREARMS QUALIFICATION RECORD (F-9A)